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ABSTRACT

This publication presents 11 standards, which represent a professional consensus on the characteristics of accomplished practice and provide a profile of the accomplished health education teacher. The standards are organized around student learning and divided into three categories. The first category, "Preparing for Student Learning," includes (1) "Knowledge of Students"; (2) "Knowledge of Subject Matter"; (3) "Promoting Skills-Based Learning"; and (4) "Curricular Choices." The second category, "Advancing Student Learning," includes (5) "Instructional Approaches"; (6) "High Expectations for Students"; (7) "Assessment"; and (8) "Equity, Fairness, and Diversity." The third category, "Supporting Student Learning," includes (9) "Partnerships with Colleagues, Families and Community"; (10) "Advocacy for the Profession"; and (11) "Reflective Practice and Professional Growth." (SM)

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Health Education STANDARDS

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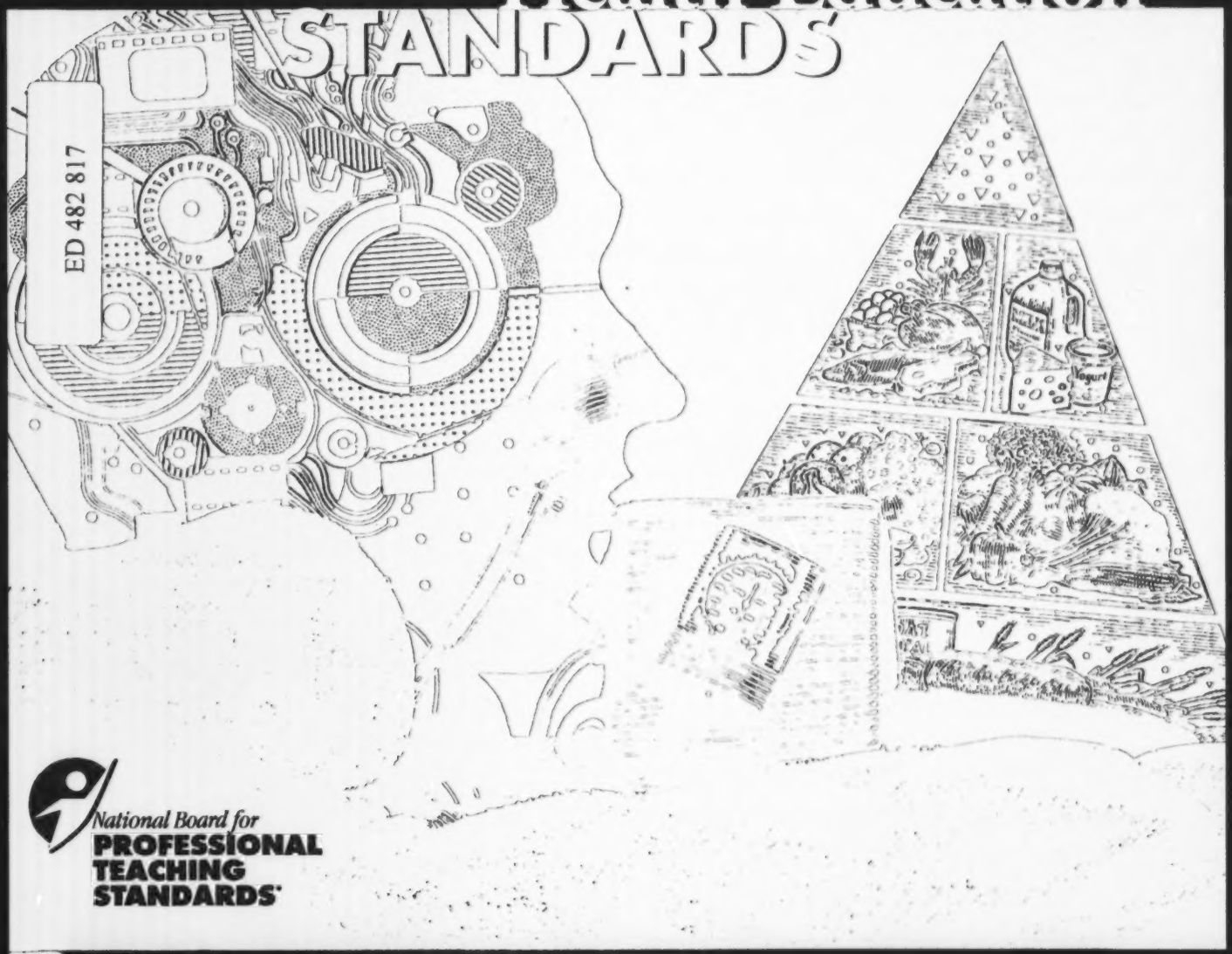

National Board for PROFESSIONAL TEACHING STANDARDS

SP041814

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for teachers of students ages 11–18+

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Health Education STANDARDS

(for teachers of students ages 11–18+)

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Preface

The world-class schools the United States requires cannot exist without a world-class teaching force; the two go hand in hand. Many accomplished teachers already work in the nation's schools, but their knowledge and skills are often unacknowledged and underutilized. Delineating outstanding practice and recognizing those who achieve it are important first steps in shaping the kind of teaching profession the nation needs. This is the core challenge embraced by the National Board for Professional Teaching Standards® (NBPTS). Founded in 1987 with a broad base of support from governors, teacher union and school board leaders, school administrators, college and university officials, business executives, foundations, and concerned citizens, NBPTS is a nonprofit, nonpartisan organization governed by a 63-member board of directors, the majority of whom are teachers. Committed to basic reform in education, NBPTS recognizes that teaching is at the heart of education and, further, that the single most-important action the nation can take to improve schools is to strengthen teaching.

The National Board's mission is to advance the quality of teaching and learning by:

- maintaining high and rigorous standards for what accomplished teachers should know and be able to do,
- providing a national voluntary system certifying teachers who meet these standards, and
- advocating related education reforms to integrate National Board Certification® in American education and to capitalize on the expertise of National Board Certified Teachers®.

Dedication to this mission is elevating the teaching profession, educating the public about the demands and complexity of accomplished teaching practice, and making teaching a more attractive profession for talented college graduates with many other promising career options.

National Board Certification is more than a system for recognizing and rewarding accomplished teachers. It offers an opportunity to guide the continuing growth and development of the teaching profession. Together with other reforms, National Board Certification is a catalyst for significant change in the teaching profession and in education.

The Philosophical Context

The standards presented here lay the foundation for the Health Education certificate. They represent a professional consensus on the aspects of practice that distinguish accomplished teachers. Cast in terms of actions that teachers take to advance student achievement, these standards also incorporate the essential knowledge, skills, dispositions, and commitments that allow teachers to practice at a high level. Like all NBPTS Standards, this standards document is grounded philosophically in the NBPTS policy statement *What Teachers Should Know and Be Able to Do*. That statement identifies five core propositions.

1) Teachers are committed to students and their learning.

Accomplished teachers are dedicated to making knowledge accessible to all students. They act on the belief that all students can learn. They treat students equitably, recognizing the individual differences that distinguish their students from one another and taking account of these differences in their practice. They adjust their practice, as appropriate, on the basis of observation and knowledge of their students' interests, abilities, skills, knowledge, family circumstances, and peer relationships.

Accomplished teachers understand how students develop and learn. They incorporate the prevailing theories of cognition and intelligence in their practice. They are aware of the influence of context and culture on behavior. They develop students' cognitive capacity and respect for learning. Equally important, they foster students' self-esteem; motivation; character; sense of civic responsibility; and respect for individual, cultural, religious, and racial differences.

2) Teachers know the subjects they teach and how to teach those subjects to students.

Accomplished teachers have a rich understanding of the subject(s) they teach and appreciate how knowledge in their subjects is created, organized, linked to other disciplines, and applied to real-world settings. While faithfully representing the collective wisdom of our culture and upholding the value of disciplinary knowledge, they also develop the critical and analytical capacities of their students.

Accomplished teachers command specialized knowledge of how to convey subject matter to students. They are aware of the preconceptions and background knowledge that students typically bring to each subject and of strategies and instructional resources that can be of assistance. Their instructional repertoire allows them to create multiple paths to learning the subjects they teach, and they are adept at teaching students how to pose and solve challenging problems.

3) Teachers are responsible for managing and monitoring student learning.

Accomplished teachers create, enrich, maintain, and alter instructional settings to capture and sustain the interest of their students. They make the most effective use of time in their instruction. They are adept at engaging students and adults to assist their teaching and at making use of their colleagues' knowledge and expertise to complement their own.

Accomplished teachers command a range of instructional techniques and know when to employ them. They are devoted to high-quality practice and know how to offer each student the opportunity to succeed.

Accomplished teachers know how to engage groups of students to ensure a disciplined learning environment and how to organize instruction so as to meet the schools' goals for students. They are adept at setting norms of social interaction among students and between students and teachers. They understand how to motivate students to learn and how to maintain students' interest even in the face of temporary setbacks.

Accomplished teachers can assess the progress of individual students as well as the progress of the class as a whole. They employ multiple methods for assessing student growth and understanding and can clearly explain student performance to students, parents, and administrators.

4) Teachers think systematically about their practice and learn from experience.

Accomplished teachers are models of educated persons, exemplifying the virtues they seek to inspire in students—curiosity, tolerance, honesty, fairness, respect for diversity, and appreciation of cultural differences. They demonstrate capacities that are prerequisites for intellectual growth—the ability to reason, take multiple perspectives, be creative and take risks, and experiment and solve problems.

Accomplished teachers draw on their knowledge of human development, subject matter, and instruction, and their understanding of their students, to make principled judgments about sound practice. Their decisions are grounded not only in the literature of their fields but also in their experience. They engage in lifelong learning, which they seek to encourage in their students.

Striving to strengthen their teaching, accomplished teachers examine their practice critically; expand their repertoire; deepen their knowledge; sharpen their judgment; and adapt their teaching to new findings, ideas, and theories.

5) Teachers are members of learning communities.

Accomplished teachers contribute to the effectiveness of the school by working collaboratively with other professionals on instructional policy, curriculum development, and staff development. They can evaluate school progress and the allocation of school resources in light of their understanding of state and local educational objectives. They are knowledgeable about specialized school and community resources that can be engaged for their students' benefit and are skilled at employing such resources as needed.

Accomplished teachers find ways to work collaboratively and creatively with parents, thus engaging them productively in the work of the school.

The Certification Framework

Using the Five Core Propositions as a springboard, NBPTS sets standards and offers National Board Certification in nearly 30 fields. These fields are defined by the developmental level of the students and the subject or subjects being taught. The first descriptor represents the four overlapping student developmental levels:

- Early Childhood, ages 3–8;
- Middle Childhood, ages 7–12;
- Early Adolescence, ages 11–15;
- Adolescence and Young Adulthood, ages 14–18+.

The second descriptor indicates the substantive focus of a teacher's practice. Teachers may select either a subject-specific or a generalist certificate at a particular developmental level. Subject-specific certificates are designed for teachers who emphasize a single subject area in their teaching (e.g., Early Adolescence/English Language Arts, Adolescence and Young Adulthood/Mathematics); generalist certificates are designed for

teachers who develop student skills and knowledge across the curriculum (e.g., Early Childhood/Generalist, Middle Childhood/Generalist). For some subject-specific certificates, developmental levels are combined to recognize the commonalities in teaching students at those developmental levels (e.g., Early and Middle Childhood/Art).

Standards and Assessment Development

Following a nationwide search for outstanding educators, the National Board appoints a standards committee for each field. The committees are generally made up of 15 members who are broadly representative of accomplished professionals in their fields. A majority of committee members are teachers regularly engaged in teaching students in the field in question; other members are typically professors, experts in child development, teacher educators, and other professionals in the relevant discipline. The standards committees develop the specific standards for each field, which are then disseminated widely for public critique and comment and are subsequently revised as necessary before adoption by the NBPTS Board of Directors. Periodically, standards are updated so that they remain dynamic documents, responsive to changes in the field.

Determining whether or not candidates meet the standards requires performance-based assessment methods that are fair, valid, and reliable and that ask teachers to demonstrate principled, professional judgments in a variety of situations. A testing contractor specializing in assessment development works with standards committee members, teacher assessment development teams, and members of the NBPTS staff to develop assessment exercises and pilot test them with teachers active in each certificate field. The assessment process involves two primary activities: (1) the compilation of a portfolio of teaching practice over a period of time and (2) the demonstration of content knowledge through assessment center exercises. Teachers prepare their portfolios by videotaping their teaching, gathering student learning products and other teaching artifacts, and providing detailed analyses of their practice. At the assessment center, teachers write answers to questions that relate primarily to content knowledge specific to their fields.

The portfolio is designed to capture teaching in real-time, real-life settings, thus allowing trained assessors from the field in question to examine how teachers translate knowledge and theory into practice. It also yields the most valued evidence NBPTS collects—videos of practice and samples of student work. The videos and student work are accompanied by commentaries on the goals and purposes of instruction and the effectiveness of the practice, teachers' reflections on what occurred, and their rationales for the professional judgments they made. In addition, the portfolio allows candidates to document their accomplishments in contributing to the advancement of the profession and the improvement of schooling—whether at the local, state, or national level—and to document their ability to work constructively with their students' families.

Teachers report that the portfolio is a professional development vehicle of considerable power, in part because it challenges the historic isolation of teachers from their peers. It accomplishes this by actively encouraging candidates to seek the advice and counsel of their professional colleagues—whether across the hall or across the country—

as they build their portfolios. It also requires teachers to examine the underlying assumptions of their practice and the results of their efforts in critical but healthy ways. This emphasis on reflection is highly valued by teachers who go through the process of National Board Certification.

The assessment center exercises are designed to complement the portfolio. They validate that the knowledge and skills exhibited in the portfolio are, in fact, accurate reflections of what candidates know and can do, and they give candidates an opportunity to demonstrate knowledge and skills not sampled in the portfolio because of the candidate's specific teaching assignment. For example, high school science teachers assigned to teach only physics in a given year might have difficulty demonstrating in their portfolio a broad knowledge of biology. Given that the NBPTS Standards for science teachers place a high value on such capabilities, another strategy for data collection is necessary. The assessment center exercises fill this gap and otherwise augment the portfolio. Each candidate's work is examined by trained assessors who teach in the certificate field.

The National Board for Professional Teaching Standards believes that a valid assessment of accomplished practice must allow for the variety of forms that sound practice takes. It must also sample the range of content knowledge that teachers possess and must provide appropriate contexts for assessments of teaching knowledge and skill. Teaching is not just about knowing things; it is about the use of knowledge—knowledge of learners and of learning, of schools and of subjects—in the service of helping students grow and develop. Consequently, NBPTS believes that the most valid teacher assessment processes engage candidates in the activities of teaching—activities that require the display and use of teaching knowledge and skill and that allow teachers the opportunity to explain and justify their actions.

In its assessment development work, NBPTS uses technology for assessment when appropriate; ensures broad representation of the diversity that exists within the profession; engages pertinent disciplinary and specialty associations at key points in the process; collaborates closely with appropriate state agencies, academic institutions, and independent research and education organizations; establishes procedures to detect and eliminate instances of external and internal bias with respect to age, gender, and racial and ethnic background of teacher-candidates; and selects the method exhibiting the least adverse impact when given a choice among equally valid assessments.

Once an assessment has been thoroughly tested and found to meet NBPTS requirements for validity, reliability, and fairness, eligible teachers may apply for National Board Certification. To be eligible, a teacher must hold a baccalaureate degree from an accredited institution; have a minimum of three years' teaching experience at the early childhood, elementary school, middle school, or high school level; and have held a valid state teaching license for those three years or, where a license is not required, have taught in schools recognized and approved to operate by the state.

Strengthening Teaching and Improving Learning

The National Board's system of standards and certification is commanding the respect of the profession and the public, thereby making a difference in how communities and

policymakers view teachers, how teachers view themselves, and how teachers improve their practice throughout their careers. National Board Certification has yielded such results in part because it has forged a national consensus on the characteristics of accomplished teaching practice in each field. The traditional conversation about teacher competence has focused on beginning teachers. The National Board for Professional Teaching Standards has helped broaden this conversation to span the entire career of teachers.

Developing standards of accomplished practice helps to elevate the teaching profession as the standards make public the knowledge, skills, and dispositions of accomplished teachers. However, making such standards the basis for National Board Certification promises much more. Because National Board Certification identifies accomplished teachers in a fair and trustworthy manner, it can offer career paths for teachers that will make use of their knowledge, wisdom, and expertise; give accomplished practitioners the opportunity to achieve greater status, authority, and compensation; and accelerate efforts to build more successful school organizations and structures.

By holding accomplished teachers to high and rigorous standards, National Board Certification encourages change along several key fronts:

- changing what it means to have a career in teaching by recognizing and rewarding accomplished teachers and by making it possible for teachers to advance in responsibility, status, and compensation without having to leave the classroom;
- changing the culture of teaching by accelerating growth in the knowledge base of teaching, by placing real value on professional judgment and accomplished practice in all of its various forms, and by encouraging teachers to search for new knowledge and better practice through a steady regimen of collaboration and reflection with peers and others;
- changing the way schools are organized and managed by creating a vehicle that facilitates the establishment of unique teacher positions, providing accomplished teachers with greater authority and autonomy in making instructional decisions and greater responsibility for sharing their expertise to strengthen the practice of others;
- changing the nature of teacher preparation and ongoing professional development by laying a standards-based foundation for a fully articulated career development path that begins with prospective teachers and leads to accomplished teachers;
- changing the way school districts think about hiring and compensating teachers by encouraging administrators and school boards to reward excellence in teaching by seeking to hire accomplished teachers.

Although National Board Certification has been designed with the entire country in mind, each state and locality decides for itself how best to encourage teachers to achieve National Board Certification and how best to take advantage of the expertise of the

National Board Certified Teachers in their midst. Across the country, legislation has been enacted that supports National Board Certification, including allocations of funds to pay for the certification fee for teachers, release time for candidates to work on their portfolios and prepare for the assessment center exercises, and salary supplements for teachers who achieve National Board Certification. Incentives for National Board Certification exist at the state or local level in all 50 states and in the District of Columbia.

As this support at the state and local levels suggests, National Board Certification is recognized throughout the nation as a rich professional development experience. Because National Board Certification provides states and localities with a way to structure teachers' roles and responsibilities more effectively and to allow schools to benefit from the wisdom of their strongest teachers, National Board Certification is a strong component of education reform in the United States.

Introduction

Knowledge about health is essential both to improving the quality of life and to achieving life goals. Accomplished teachers of health education know that effective school health education programs focusing on physical, mental, emotional, social, and spiritual health assist all students in realizing their full potential as learners. Health education programs contribute positively to the well-being of society by promoting the knowledge and skills essential to productive, healthy lifestyles.

More than ever before in the United States, schools are expected to ameliorate wide-ranging problems formerly addressed by families and community agencies. Health educators and the public health community recognize the growing concern that a myriad of health-related problems are undermining the social fabric of the United States, threatening the welfare of its people, and menacing the nation's ability to compete economically in the global community of the twenty-first century. The report of the Institute of Medicine's Committee on Comprehensive School Health Programs in Grades K–12[1] has noted that a significant segment of the nation's youth is at risk for dropping out of school as a consequence of a broad range of health and behavioral problems involving the abuse of tobacco, alcohol, and other drugs; low levels of physical fitness; poor nutrition; risky sexual activity; injuries; violence; depression; and stress. The American Medical Association has noted that advances in improving the nation's health will most likely result from individually initiated actions directly influenced by health-related attitudes, beliefs, and knowledge and applied within families and communities.[2] The U.S. Department of Health and Human Services report, *Healthy People 2010: Understanding and Improving Health*,[3] set two primary goals for the first decade of the new century. They are, first, to help all individuals increase life expectancy and improve their quality of life, and, second, to eliminate health disparities among different segments of the population.

Coordinated school health programs represent a significant response to such concerns. Under the leadership of accomplished health educators like those identified in this document, coordinated school health programs establish networks of services in and out of schools that advance students' health in numerous ways and play a strategic role in providing varied health and social services for children and families. Coordinated school health programs advocate for planned, sequential health education curricula; endorse healthy behaviors for school staff members and encourage their commitment to promoting students' health; help to focus school and community health services on prevention, early intervention, and management of acute and chronic health conditions; provide psychological counseling and social services both within schools and with private and public agencies in communities; advocate for healthy food choices and encourage nutrition instruction; support physical education and physical fitness in emphasizing the importance of lifelong physical activity; work to establish healthy school environments; and marshal support from families and communities to enhance the health and well-being of students. Effective coordinated school health programs confirm the relevance of health knowledge and skills to academic achievement and to long-term beneficial outcomes.

Accomplished teachers of health education recognize and accept their responsibility to play a crucial role in fostering lifetime healthy behaviors. They understand that health education is a means by which they empower young people to make appropriate choices in order to achieve and maintain healthy lifestyles and to function successfully in the world. The success of accomplished health educators is measured by their students' having the skills, knowledge, and motivation to practice health-enhancing behaviors

1. Committee on Comprehensive School Health Programs in Grades K–12, *Schools and Health: Our Nation's Investment* (Washington, D.C.: National Academy Press, 1997).

2. American Medical Association, *American Medical Association Profiles of Adolescent Health* (Chicago, Il.: American Medical Association, 1990).

3. U.S. Department of Health and Human Services, *Healthy People 2010: Understanding and Improving Health* (Washington, D.C.: U.S. Government Printing Office, 2000).

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throughout their lives and to advocate for healthy decision making by others. Health education is therefore student centered and addresses the whole person. With the goal of fostering autonomous health literacy, health education teachers facilitate students' becoming independent, lifelong learners and responsible citizens.

Accomplished health education teachers are passionate and serious about their field. They genuinely care for their students and expect all their students to achieve. To promote growth and learning, the instructional decisions of health educators arise not only from the context of curriculum and broad program objectives, but also from their analysis of students' individual requirements and characteristics. They tailor instruction, as appropriate, to the strengths and limitations of their students, paying particular attention to students with exceptional needs.

Many teachers of health education, however, work in environments that pose great challenges to achieving their professional goals. Such issues as class size and class load, limited time for contact with students, less-than-optimal facilities and materials, curricular demands, and scheduling exigencies that require moving from room to room can present obstacles to student success. Health education programs are highly influenced by beliefs, values, customs, and cultures. Requirements, student standards, and expectations vary from state to state, and even within states. Some localities, responding to public concerns about high-stakes testing and demands for increased focus on traditional academic subjects, undervalue school health education. In some jurisdictions, health education has yet to attain curricular parity with other academic disciplines. Yet accomplished teaching occurs even in the context of such daunting challenges. Health educators work to bring about positive changes, improve their teaching practice, advocate for their field, and strengthen the quality of health education, even under the most challenging conditions.

Health education is a wide-ranging, complex field that influences and involves learning in a number of academic areas. Health education classes provide opportunities to apply concepts from other subjects, such as social studies, psychology, mathematics, biology, chemistry, and language arts. The very breadth of the field confirms the special integrative function of health education, which occurs not only at the individual level but also on a larger curricular level. Health education teachers know that their instructional objectives and approaches are part of a continuum of essential skills, knowledge, attitudes, and behaviors that students need to function as healthy, productive individuals. Accomplished teachers are committed to health education that spans the entire range of developmental stages within long, well-articulated, continuous sequences of instruction, beginning in early elementary school and continuing through high school and beyond.

The National Board for Professional Teaching Standards recognizes that over the past decade, through an extensive process of debate, discussion, and self-analysis, the health education community has identified student standards for health education and has defined accomplished teaching in the field. Numerous professional organizations have articulated a rich and compelling vision of health education. The NBPTS Health Education Standards Committee has incorporated many of these conceptions of health instruction into the standards defined for National Board Certification.

National Health Education Standards, developed by the Joint Committee on National Health Education Standards, defines health literacy in a way that is useful for this document as well: health literacy denotes the capacity of individuals to obtain, interpret, and understand basic health information and services and includes the competence to use such

information and services in ways that enhance health. The health-literate person is a critical thinker and problem solver; a responsible, productive citizen; a self-directed learner; and an effective communicator.[4]

4. Joint Committee on National Health Education Standards, *National Health Education Standards: Achieving Health Literacy* (Atlanta, Ga.: American Cancer Society, Inc., 1995), 5.

Developing High and Rigorous Standards for Accomplished Practice

In 2000, a committee of health education teachers and other educators with expertise in this field began the process of developing advanced professional standards for teachers of students ages 11 to 18+. The Health Education Standards Committee was charged with translating the Five Core Propositions of the National Board for Professional Teaching Standards into a standards document that defines outstanding teaching in this field.

This NBPTS Standards document describes in observable form what accomplished teachers should know and be able to do. The standards are meant to reflect the professional consensus at this point about the essential aspects of accomplished practice. As the understanding of teaching and learning continues to evolve over the next several years, *Health Education Standards* will be updated appropriately.

An essential tension of describing accomplished practice concerns the difference between the analysis and the practice of teaching. The former tends to fragment the profession into any number of discrete duties, such as designing learning activities, providing quality explanation, modeling, managing the classroom, and monitoring student progress. Teaching as it actually occurs, on the other hand, is a seamless activity.

Everything an accomplished teacher knows through study, research, and experience is brought to bear daily in the classroom through innumerable decisions that shape learning. Teaching frequently requires balancing the demands of several important educational goals. It depends on accurate observations of particular students and settings. And it is subject to revision on the basis of continuing developments in the classroom. The professional judgments that accomplished teachers make also reflect a certain improvisational artistry.

The paradox, then, is that any attempt to write standards that dissect what accomplished teachers know and are able to do will, to a certain extent, misrepresent the holistic nature of how teaching actually takes place. Nevertheless, the fact remains: Certain identifiable commonalties characterize the accomplished practice of teachers. The 11 standards that follow are designed to capture the craft, artistry, proficiency, and understandings—both deep and broad—that contribute to the complex work that is accomplished teaching.

The Standards Format

Accomplished teaching appears in many different forms, and it should be acknowledged at the outset that these specific standards are not the only way it could have been described. No linearity, atomization, or hierarchy is implied in this vision of accomplished teaching, nor is each standard of equal weight. Rather, the standards are

presented as aspects of teaching that are analytically separable for the purposes of this standards document but that are not discrete when they appear in practice.

The report follows a two-part format for each of the 11 standards:

I. ***Standard Statement***—This is a succinct statement of one vital aspect of the practice of the accomplished health education teacher. Each standard is expressed in terms of observable teacher actions that have an impact on students.

II. ***Elaboration***—This passage provides a context for the standard, along with an explanation of what teachers need to know, value, and do if they are to fulfill the standard. The elaboration includes descriptions of teacher dispositions toward students, their distinctive roles and responsibilities, and their stances on a range of ethical and intellectual issues that regularly confront them.

Finally, a word about order of presentation. The 11 standards that follow have been organized around the critical nexus of education—student learning. They are divided into three categories: (1) teacher actions that create the conditions for productive student learning; (2) teacher actions that directly advance student learning in the classroom; and (3) teacher actions that indirectly support student learning through professional development and outreach initiatives.

Health Education STANDARDS

(for teachers of students ages 11–18+)

OVERVIEW

The National Board for Professional Teaching Standards has developed the following 11 standards of accomplished practice for health education teachers. The standards have been ordered as they have to facilitate understanding, not to assign priorities. They each describe an important facet of accomplished teaching; they often occur concurrently because of the seamless quality of teaching. The standards serve as the basis for National Board Certification in this field.

Preparing for Student Learning

I. Knowledge of Students (p. 7)
Accomplished health education teachers obtain a clear understanding of individual students, their family structures, and their backgrounds.

II. Knowledge of Subject Matter (p. 11)
Accomplished health education teachers have a deep understanding of the components of health and health content and their interrelationships.

III. Promoting Skills-Based Learning (p. 15)
Accomplished health education teachers, through their passion and effective communication, maintain and improve health-enhancing student behavior by delivering health content through skills-based learning.

IV. Curricular Choices (p. 19)
Accomplished health education teachers select, plan, adapt, and evaluate curriculum to ensure comprehensive health education.

Advancing Student Learning

V. Instructional Approaches (p. 21)
Accomplished health education teachers use an array of engaging instructional strategies to facilitate student learning.

VI. High Expectations for Students (p. 27)
Accomplished health education teachers expect excellence from all students and strive to maintain a setting conducive to optimal learning that empowers students to engage in health-promoting behaviors.

VII. Assessment (p. 31)
Accomplished health education teachers are knowledgeable about and are able to select, design, and implement assessment instruments to evaluate student learning and improve teaching.

VIII. Equity, Fairness, and Diversity (p. 35)
Accomplished health education teachers demonstrate equity and fairness and promote respect and appreciation of diversity.

Supporting Student Learning

IX. Partnerships with Colleagues, Families, and Community (p. 39)
Accomplished health education teachers work collaboratively with colleagues, families, and the community to enhance the overall health and learning of their students. They recognize that their responsibility to reinforce consistent, positive health messages extends beyond their own classrooms.

X. Advocacy for the Profession (p. 43)
Accomplished health education teachers promote the importance of health education and encourage others to do the same.

XI. Reflective Practice and Professional Growth (p. 47)
Accomplished health education teachers stay current in research and innovations in health education and actively contribute to the profession. They participate in reflective practices that foster creativity, stimulate personal growth, and enhance professionalism.

The pages that follow provide elaborations of each standard that discuss the knowledge, skills, dispositions, and habits of mind that describe accomplished teaching in the field.

Preparing for Student Learning

The first four standards form the foundation for the instructional decisions made by health educators and are the basis for all the other standards. Only by knowing their students well can teachers consistently make instructional decisions that will further students' learning. And only by having deep and broad understandings of pedagogy and health education can teachers organize and deliver instruction that helps students build their own deep and broad understandings of this field.

Standard I: Knowledge of Students

Accomplished health education teachers obtain a clear understanding of individual students, their family structures, and their backgrounds.

To chart an educationally sound course, teachers must know their students. Accomplished health education teachers continually learn about their students and make decisions about instructional content and strategies on the basis of their knowledge of the learning styles, backgrounds, experiences, and goals of their individual students. The decisions that teachers make about time, tasks, and materials begin with their judgment about where their students stand with respect to skills and concepts.

Health educators hold high expectations for all students; at the same time, teachers are keenly aware that young people learn in various ways and at varying rates. Some students are more comfortable working in groups; some express themselves more easily in writing than in group discussions; others thrive with an abundance of visual cues or by working on individual projects. Students mature according to their own schedules, with wide differences in the timing of developmental and life experiences. Knowledge of such factors directs teachers as they design curricula, teaching strategies, assignments, and assessments.

Accomplished teachers of health education recognize and make professional accommodations for variations in students' cognitive and physical development, gender, multiple intelligences, and learning styles. Teachers are also alert to students' emotional and social development and their relationships with peers and adults. Teachers use their knowledge of these student characteristics as assets to enhance learning, provide opportunities for autonomous activities and group interactions, and set the highest goals for all students at all developmental stages. Effective learning experiences meet the needs of all students in the class and demonstrate objectives that value each individual. Teachers constantly monitor and adjust to students' needs, allowing for individual learners' differences while keeping overall instructional goals in focus.

Practically everything about the learner is relevant information in health education, including an awareness and appreciation of the student's cultural, linguistic, and ethnic heritage; religious affiliation; family structure and setting; socioeconomic status; prior learning experiences; exceptional learning

needs; sexual orientation; and personal interests, needs, and goals. Although class size and teaching load affect the depth of knowledge that teachers can acquire about students, accomplished teachers do their best to understand their students as individuals. The relationships that teachers develop with their students not only support student learning and development but also provide teachers with perspectives from which to view aspects of students' character, values, interests, and talents. Health educators therefore make an effort to know each student as a whole person.

Knowledge of students includes familiarity with the curricula of other academic classes as well as an awareness of various aspects of youth culture, which might include television programs and movies that students watch, music they listen to, sports they play, and other activities in which they involve themselves. The accomplished teacher takes this diverse knowledge into account in the daily interactions within the classroom. Teachers thus connect students' experiences with their explorations of health education, making the classroom activities relevant to students' lives.

Teachers employ various means to learn about students, their families, their communities, and their social and cultural environments. They actively and willingly listen to and observe students in various settings in which students express themselves, whether in formal classroom discussions, individual conferences, or informal gatherings. They offer opportunities for students to share information and experiences and to establish an emotional rapport. Teachers enhance their understanding of students through discussions with family members and colleagues. They use the information they gather, including their identification of students with exceptional talents, needs, or challenges, to ensure that they meet the unique and common needs of all students.

Further, knowing the individual student is vital to the health educator's goal of promoting healthy lifestyles. Teachers know that a solid rapport with students can encourage effective communication and high self-esteem and help students manage anger and stress, resolve conflicts, make friends, and resist negative peer pressure.

Accomplished health education teachers are firmly committed to expanding their knowledge of their students by astute observation and listening. As keen observers of students and as experts in their field, they understand student behaviors and attitudes well enough to recognize signs and symptoms of high-risk behaviors, and they recommend appropriate referrals for intervention. The broad knowledge that teachers acquire about the learning characteristics and developmental tendencies of the age groups with whom they work is key to recognizing and meeting their students' unique needs.

Reflections on Standard I:

Standard II: Knowledge of Subject Matter

Accomplished health education teachers have a deep understanding of the components of health and health content and their interrelationships.

Accomplished teachers of health education know the broad scope of their subject matter and understand that health education is comprehensive and sequential. This knowledge enables them to create and implement sound, comprehensive instructional activities and teaching practices that promote the development of health-literate individuals who are firmly committed to the benefits of healthy lifestyles. Teachers have a deep understanding of the relationships among the components of health—such as physical, mental, emotional, social, and spiritual—and how the components relate to the content areas of health education. Teachers can identify and address personal and family health issues, as well as health issues at local, state, national, and international levels.

Knowledge of Content Areas

For this document, health education has been organized into ten content areas. This list is not exhaustive, nor does it intend to exclude areas of knowledge that teachers might find appropriate for their individual teaching contexts. Rather, it broadly characterizes what accomplished health education teachers should know in order to enhance student learning.

Accomplished health educators have knowledge of and can implement comprehensive instruction in personal health, nutrition, prevention and control of disease, injury prevention and safety, mental and emotional health, substance use and abuse, family life, community health, consumer health, and environmental health. Teachers have an in-depth knowledge of the variety of topics within each content area and how they interrelate, as well as familiarity with related resources and career opportunities.

Teachers have a deep knowledge of personal health, which includes such content as wellness, physical fitness, hygiene (e.g., hand washing), dental care, and the need for regular medical examinations (e.g., ear, eye, and scoliosis exams) and self-examinations (e.g., breast and testicular examinations) to encourage lifelong health. Teaching about cardiovascular fitness, for example, requires knowledge of exercise, nutrition, body systems and functions, disease prevention, and injury prevention.

Accomplished teachers know the major concepts of nutrition. They have a working knowledge of nutrients and related topics, such as food value, recommended daily allowances (RDAs), the food guide pyramid, calories, and food labels. They have knowledge of healthy food choices, disordered eating, the risks and benefits of nutritional supplements, and the relationship between dietary habits and healthy weight. They appreciate the global and cultural factors that affect eating behaviors and nutrition. For example, accomplished teachers can access data on nutrient levels of foods prepared in various cultures. Teachers understand food safety and its relationship to the transmission of diseases and the resulting impact on healthy lifestyles.

Health education teachers have a deep knowledge of communicable and noncommunicable diseases and their transmissions, signs, symptoms, sources, and prevention. They also understand that family history and personal behaviors play important roles in disease prevention. They know the effects that lifestyles have on chronic disease. For example, they know that sedentary habits, poor nutrition, and hereditary and cultural factors may influence the onset of Type 2 diabetes. They also understand that abstinence is the most effective means of preventing HIV/AIDS and other sexually transmitted diseases (STDs).

Health educators know about injury prevention and safety, including an understanding that certain behaviors reduce an individual's risk of injury. They understand the basics of first aid, cardiopulmonary resuscitation (CPR), and other lifesaving skills, such as the use of an automated external defibrillator. Teachers know a wide range of injury prevention-related information, such as bicycle, fire, water, and exercise safety. Teachers are familiar with current research and best practices related to the prevention of sexual assault; child abuse; and socially disruptive behaviors, such as bullying, harassment, gang participation, and violence. They understand, for example, that knowing the signs of abusive relationships can help prevent dating violence.

Accomplished health education teachers know that mental and emotional health includes knowledge of self-esteem, stress and anger management, suicide prevention, and coping with mental illness. They know that mental health encompasses the intellectual processes of reasoning, evaluation, curiosity, humor, alertness, creativity, logic, and memory. Teachers recognize the impact of internal and external influences on mental and emotional health. They know strategies for teaching the processes involved in making sound decisions, thinking critically, and managing emotions and stress. Teachers recognize signs and symptoms of depression and other mental illnesses and know how to make referrals for appropriate professional help.

Teachers of health education understand the short- and long-term effects of alcohol, tobacco, and other drug use on high-risk activities, physical tasks, and judgment. They understand the role of medicine in society and the characteristics of informed decisions about legal drug use. They know, for instance, that teaching about drug use and abuse not only involves knowledge of such substances as alcohol, illicit drugs, over-the-counter drugs, and prescription drugs, but also makes connections to such issues as sexual decision making and violent behavior.

Accomplished teachers recognize the contribution of family life to a person's health. They have a deep knowledge of the stages of human growth and development throughout the life cycle, including those related to puberty, sexual development, and sexual orientation. They understand the function of relationships in achieving and maintaining health, including parent/child and sibling relationships and relationships fostered in dating and marriage. Teachers understand responsible sexual behaviors, including abstinence and contraception. They also understand the value of leisure-time activities that promote self-esteem and foster healthy and strong families.

Health educators recognize positive health practices that affect their schools and communities. They are aware of local health concerns and know the procedures and protocols to involve community entities, such as nonprofit organizations and governmental and social service agencies, in addressing local issues such as immunizations, teen pregnancy, HIV/AIDS testing, and domestic violence. Teachers bridge the relationship between school and community to promote health and wellness. As experts in their field, teachers understand the importance of extending the classroom into the

community and using community resources in the classroom. Teachers may, for example, invite community service providers to exhibit at a school health fair or arrange for organizations to make presentations about health careers. (See Standard IX—*Partnerships with Colleagues, Families, and Community.)*

Accomplished teachers of health education know that consumer health relates to critical thinking, decision making, and the analysis of health-related information about products and services. Teachers understand the influence of media and commercialism in product selection, and they know how to access health care and strategies for exercising patient rights. Teachers are familiar with credible sources, such as the Web site of the Consumer Product Safety Commission, that can help make students informed consumers.

Health educators understand the multifaceted relationship between the environment and health. Teachers know the impacts that environment has on health, such as the effects of noise, air, land, and water pollution on the quality of life, and they recognize the correlations between individual actions and global concerns. Teachers know that certain behaviors, such as carpooling, promote a healthy environment. They also recognize the value of involving students in environmental health issues. Health educators may involve students in conducting an environmental health survey within the school, in taking part in community activities such as Adopt-a-Stream programs, or in measuring noise pollution using a decibel meter.

Dynamic, Relevant, and Practical Knowledge

The knowledge base of accomplished teachers of health education is dynamic. Teachers identify and use resources—including technology—for accessing timely and accurate information to gain insight into emerging health-related issues, behaviors, and trends. To keep up to date, they collect, analyze, and apply current, credible, and relevant health research and information from such sources as Web sites, online databases, and professional journals. (See Standard XI—*Reflective Practice and Professional Growth.)*

Teachers have knowledge of the *National Health Education Standards*,[5] as well as state and local health education standards, guidelines, or frameworks, and integrate them into their instruction. They know and use teaching strategies that merge health education standards and content. They are aware of the goals and objectives outlined in essential documents such as *Healthy People 2010*.[6]

Teachers are thoroughly familiar with the six adolescent risk behaviors identified by the U.S. Centers for Disease Control and Prevention (CDC).[7] They understand the major health issues and social implications associated with tobacco, alcohol, and other drug use; dietary patterns that contribute to disease; sedentary lifestyles; sexual behaviors that lead to HIV infection, other STDs, and unintended pregnancies; and behaviors that result in intentional and unintentional injuries. Further, accomplished teachers know and can communicate to students the myths and facts about various aspects of health, especially those relating directly to young people.

5. Joint Committee on National Health Education Standards, *National Health Education Standards.*

6. U.S. Department of Health and Human Services, *Healthy People 2010.*

7. Centers for Disease Control and Prevention (CDC), *Assessing Health Risk Behaviors Among Young People: Youth Risk Behavior Surveillance System 2001* (Atlanta, Ga.: CDC, 2001).

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Reflections on Standard II:

Standard III: Promoting Skills-Based Learning

Accomplished health education teachers, through their passion and effective communication, maintain and improve health-enhancing student behavior by delivering health content through skills-based learning.

Accomplished teachers of health education recognize that to foster healthy behavior in their students they need to go beyond the teaching of knowledge and deliver health content through skills-based education. In addition to factual information, lessons focus on critical skills so that students learn how to recognize, practice, adopt, and maintain healthy behaviors. Such skills-based teaching, with an emphasis on personal and social skills development, enables students to become lifelong advocates for personal, family, and community health. Because teachers understand the effectiveness of skills-based curricula in influencing students' health attitudes and practices, they provide students with opportunities to model, practice, and reinforce relevant skills so that students can apply those skills in real-life situations.

When using a skills-based approach, accomplished teachers help students comprehend that the foundation of good health rests on healthy choices and behaviors. Teachers emphasize that students have the power of choice and therefore the responsibility for their own health. This affirmation of self-efficacy inspires students to assess themselves in terms of their own values, attitudes, and actions, and it motivates them to develop and apply strategies and skills to attain health goals.

In their skills-based instruction, accomplished health educators demonstrate how interpersonal-communication, goal-setting, decision-making, and problem-solving skills augment health literacy and foster healthy behaviors. They communicate to students the benefits of activities that further a healthy lifestyle and enhance health, and they teach strategies to resolve conflicts and manage stress, such as practicing relaxation techniques. They teach students healthy ways of expressing needs, wants, and feelings and of communicating care, consideration, and respect for themselves and others. They instruct students in effective ways to influence and support others in making positive health choices. They seek new and effective methods of teaching refusal, resistance, assertiveness, negotiation, and collaboration techniques so that students can reduce and avoid potentially harmful situations.

Teachers implement strategies to teach students how to analyze the ways various factors, such as peers, cultural beliefs, the media, and technology, influence health. Teachers recognize that students will make health-related decisions throughout their lives in an environment that often overwhelms them with incomplete and inaccurate health information. To make informed choices as advocates for their own health and for healthy decisions by others, students must be able to identify credible information sources. In skills-based instruction, teachers foster students' abilities to identify, access, and evaluate health information and health-promoting products and services. Teachers might, for example, ask students to research the validity of promises made by weight-loss programs or investigate the pros and cons of organic and nonorganic food products. Knowing that the appropriate use of

technology is important to ensuring lifelong health literacy, teachers provide opportunities for students to use technology to gather current and accurate information.

Health education teachers understand that skills-based learning broadens health education beyond cognitive-based approaches. Skills-based instruction is student centered and interactive, providing ample time for students to develop, practice, and personalize skill-building activities; students therefore become experienced in positive health-related behaviors. Teachers know that an effective skills-based health education program is sequential, and they work to make sure that skills introduced early are practiced and reinforced over time as students mature.

Reflections on Standard III:

Standard IV: Curricular Choices

Accomplished health education teachers select, plan, adapt, and evaluate curriculum to ensure comprehensive health education.

The curricular choices of accomplished health education teachers incorporate knowledge and skills that advance health literacy in a planned, sequential, developmentally appropriate, and comprehensive school health education program. Teachers make curricular choices based on their familiarity with curriculum models and theories relevant to the field; sound objectives; recent and pertinent research; the assessed needs of students, teachers, and the community; and the best practices of accomplished professionals in order to meet the needs and interests of a wide diversity of learners. Teachers recognize the complexities of health education as a subject area and design a curriculum that provides a framework for instruction and assessment. A sound curriculum combines health content and skills that enable teachers to help students reflect on their own health habits and apply their knowledge of the subject to healthy lifestyle behaviors. Health educators link their curricular choices with applicable local, state, and national standards for health education, and they ensure that the curriculum is in compliance with state and local laws and regulations.

Accomplished health education teachers realize that instruction must occur within a well-articulated, continuous sequence of curriculum that spans all education levels, from preschool to graduate study and beyond. Teachers recognize that the goal of developing health-literate individuals begins very early and progresses logically from mastery of basic knowledge and skills to application in authentic situations. Because of the progressive nature of skills-based teaching, teachers know and take into consideration student learning in health education at all grade levels when making curricular decisions. They therefore work to establish and maintain a developmentally and age-appropriate health education curriculum that builds from one level to the next in an uninterrupted sequence. Furthermore, accomplished teachers may expand curricular choices to implement advances provided by emerging technologies and to reflect community interests, needs, and resources.

Health educators see themselves as part of a learning community when making curricular choices. They collaborate with health educators at various levels and with other members of health education curriculum committees and other school staff. Teachers who have limited opportunities to determine health education curricula advocate for purposeful curricular choices.

Reflections on Standard IV:

Advancing Student Learning

The way teachers make decisions and implement their curriculum in a flexible, appropriate, and creative manner provides the most visible and the most important demonstration of excellence in teaching. The next four standards describe the ways health education teachers advance student knowledge and understanding in all aspects of the health curriculum and the important goals and purposes that guide teachers in their planning and instructional decision making.

Standard V: Instructional Approaches

Accomplished health education teachers use an array of engaging instructional strategies to facilitate student learning.

Accomplished health education teachers combine their enthusiasm for and knowledge of their field with their knowledge of students; consequently, their students are constructively engaged in the pursuit of health literacy and demonstrate their spirited involvement in and appreciation for learning about health-related issues. Such teachers convey a sense of knowledge, preparation, care, and direction that combine to keep students engaged in productive activities.

Establishing a Productive Learning Environment

Health education teachers establish a productive and enriching learning environment and maintain it through a well-developed repertoire of strategies, skills, and procedures that allows their classrooms to function smoothly. The supportive, congenial, and purposeful learning environments that are characteristic of classrooms of accomplished health educators contribute to active learning and expose students to a variety of intellectual challenges in which students explore health literacy.

Teachers recognize that experiences in health education class can have lasting effects that shape students' attitudes toward themselves and future health-related decisions and actions. Accomplished health educators affirm their interest in students' success by offering them opportunities to ponder issues and express ideas and opinions on subjects that may not be available in other academic areas but that are exceptionally relevant to them. Knowing that the quality of interactions within the classroom is a significant aspect of creating productive learning environments and acquiring health literacy skills, teachers welcome the open expression of ideas and encourage the search for greater understanding and knowledge. Teachers therefore establish an atmosphere in which students feel welcomed, valued, and respected.

Teachers communicate enthusiasm for their field in a positive, caring manner that recognizes, respects, and appreciates the abilities and knowledge of each student. Effective health education classrooms are lively places where students are actively engaged in learning. Teachers use strategies,

materials, and opportunities to maintain this enthusiasm. Understanding their role as facilitators of learning, teachers look for ways to validate student learning and knowledge. Acknowledging the value of positive, personal responses to students' efforts, they know how and when to encourage students, when to challenge them, when to push them forward, or when to redirect them. Teachers also know that new learning experiences elicit excitement and interest, build students' self-confidence, and lead to both immediate and lifelong participation in healthy lifestyles. Health education teachers thus demonstrate their belief in the importance of the subject and make it possible for every student to succeed.

Providing Multiple Paths to Learning

Health education teachers use their deep understanding of the field to make the subject matter meaningful to students. Teachers understand techniques for generating students' interest in the tasks at hand. They have a rich repertoire of strategies to engage students productively in learning. Accomplished teaching includes purposeful planning; health educators know and can articulate the reasons for structuring lessons the way they do.

Individual student differences that mark all classrooms require teachers to employ multiple means to engage students in learning. The understanding that teachers have of students' individual differences and learning styles leads them to design several avenues to approach key issues that serve the well-being of the class as a whole while acknowledging the individuality of its members. For example, teachers may use direct instruction to reinforce skills-based learning; they may facilitate access to the Internet to develop students' global perspectives; and they may draw on a variety of metaphors, analogies, illustrations, and problems to extend students' thinking and to develop students' capacity to reason incisively. Because health education is not a passive process, teachers engage students in activities that are student centered and student directed. In the classrooms of accomplished teachers, students are often engaged in interactive tasks and cooperative learning experiences such as student-to-student or small-group activities in which students communicate with one another and to other audiences, including their families and communities.

Teachers know how to use and build on a prescribed curriculum, but they are not limited by it. Instead, students' needs dictate how they investigate topics and issues that stretch their horizons and ultimately enrich their understanding. Teachers might focus learning tasks on particular issues experienced by schools or communities. For example, in a school where a death has occurred, the health education teacher might incorporate lessons on grief management. Students could write poems expressing their feelings about death and loss; they could use the Internet to research grieving rituals in different cultures; in groups, they might identify where they could go and with whom they could talk to help them deal with their grief. Whatever the topic, teachers have a wide repertoire of strategies, tasks, demonstrations, and activities from which to draw.

Creating Instructional Tasks That Motivate Students

With the knowledge that health education cannot occur in isolation from other academic subjects or from real-life experiences, teachers help students discover and explore connections to their own lives and to other academic disciplines; teachers thus

place health education within a larger context that is meaningful to their students.

In making instructional decisions, health education teachers choose compelling topics and materials that make the best use of instructional time. Teachers know that personalizing health education will engage students, because most students talk readily about themselves and their experiences. Teachers therefore provide a range of meaningful, interesting, and personally relevant instruction for students at all levels of development and ability. They select topics that have special resonance for young people, such as their curiosity about and fascination with their own growth and development.

To make the point that health literacy is a continuous process that contributes to lifelong wellness, accomplished health education shifts the focus of learning from classroom activities to the broader experiences of students. Whenever possible, teachers draw from across the curriculum, incorporating concepts from science, technology, literature, physical education, social studies, languages, mathematics, and the arts to enrich students' health knowledge. Accomplished teachers are aware of and stay current on the concepts of other academic courses undertaken by their students; they can then choose materials and employ instructional strategies that relate health concepts to these curricula. Teachers may develop, in cooperation with colleagues from other academic disciplines, a repertoire of interdisciplinary units that link common concepts and themes. Such learning enables students to link health literacy to a realm of education opportunities and to their lives beyond the classroom. Through such learning, students can understand that many health-related topics are actually important societal issues that are rarely confined to traditional disciplinary boundaries. (See Standard IX—*Partnerships with Colleagues, Families, and Community.*)

Using Diverse Resources

Accomplished health education teachers view resources as tools to support student learning. They seek and evaluate an array of resources and materials to meet the instructional needs of all their students. Teachers introduce varied tasks that require students to use critical-thinking skills, make healthy decisions, formulate healthy problem-solving techniques, and reflect frequently on their work and their experiences. Appropriate instructional resources provide all students, including students with Individual Education Plans (IEPs) and students for whom English is a new language, with opportunities for participation, recognition, and achievement. In a classroom dedicated to teaching health literacy, appropriate props, posters, photographs, and visuals—including some created by students—pique students' interest and foster their active involvement. Teachers constantly seek opportunities to expand their base of instructional materials by drawing on theory, research, and best practices.

The content knowledge of accomplished health educators includes current and emerging media and technologies that offer students opportunities to explore important ideas, concepts, and theories. Teachers are familiar with how such resources assist in research, planning, instruction, and assessment. They can assess and evaluate the most current and accurate health information available. Accomplished teachers are innovative in their use of media to present information and facilitate discussion, and they know how to use relevant media and technology resources in their teaching practice. Teachers may, for example, select interactive computer resources that enable students to practice decision-making skills. Or, teachers might refer students to virtual reality Web sites designed to study body systems and trace disease progression. Through the use of these resources students

can participate in wide-ranging, up-to-the-minute health assessments, such as compiling the latest statistics of risks for disease. A physical fitness assessment might incorporate heart-rate monitors to measure working and at-rest heart rates in relation to personal physical activity. Students could monitor and chart their blood pressure and other vital functions and could analyze such functions within the context of their dietary plans and their participation in physical activities. Technological resources help make health education a vital, exciting endeavor as students interact with health resources and learn about contemporary and international health-related issues.

Using Time Efficiently and Adjusting As Circumstances Dictate

Accomplished health educators effectively manage instructional time, establishing orderly and workable learning routines that maximize student time on task. Doing so provides students with clear expectations and enables them to participate with confidence.

Health educators recognize teachable moments as they arise and take advantage of such opportunities to enhance instruction. They also shift their focus when unforeseen difficulties occur or when classroom discussions suggest enriching paths. The ability to vary their approach to major topics, themes, and skills allows teachers to change the focus of discussion in response to student performance. The ability to make timely adjustments when such changes are desirable and necessary marks accomplished practice.

Accomplished health education teachers recognize the need to make the time to address controversial, health-related topics while preserving the dignity and self-respect of all students and operating within state and local guidelines. Teachers anticipate and are sensitive to the misconceptions and conflicting ideas and opinions that lead to student confusion. Teachers know that such discussions help students view issues from multiple perspectives, which fosters their ability to analyze the complexities of health-related issues.

Reflections on Standard V:

Standard VI: High Expectations for Students

Accomplished health education teachers expect excellence from all students and strive to maintain a setting conducive to optimal learning that empowers students to engage in health-promoting behaviors.

Accomplished teachers of health education bring to their practice a vision of excellence and the methods to achieve it. Health educators hold high expectations for all students and help them set measurable goals to meet those expectations. Teachers engage students in activities that promote healthy lifestyles and instill intrinsic values of lifelong healthy behaviors.

Establishing a Setting Conducive to Optimal Learning

Accomplished health educators establish stimulating and supportive learning environments that welcome students' efforts and encourage all students to meet the highest expectations. Aware that classroom experiences create a foundation from which later health attitudes arise, teachers provide numerous opportunities for genuine achievement that motivate students to strive to do their best and inspire them to extend participatory habits outside the health education classroom. Teachers design activities and pose questions that require students to discuss issues from a variety of perspectives. As they interpret and assess student responses, teachers offer students opportunities to shape independent studies in which they explore their own questions and interests. These efforts foster student engagement and self-confidence and communicate a vision for success that students might not have for themselves.

Building Students' Capacity to Apply Knowledge and Act Independently As Health-Literate Individuals

Health educators provide students with opportunities that encourage critical thinking and problem solving. Combining these skills with a variety of credible sources allows students to address health issues at many levels, from personal to global. Teachers pose real-world situations that allow students to synthesize knowledge and analyze possible solutions. Referring to a local health concern, such as secondhand smoke, for instance, teachers might challenge students to research and propose options to lessen the associated health threats. They ask students to reflect on prior knowledge and experiences and to articulate their reactions to health-related concerns. Teachers hold students to high standards, assist in personal investigations, and promote intellectual mastery of the material. Teachers direct all students toward the next level of achievement and empower them to become involved in setting high and realistic goals relating to their own health.

Accomplished health education teachers provide frequent opportunities for students to engage actively in practices that initiate individual learning, to analyze what they learn, and to take responsibility for their own decisions. For example, teachers with students who are beginning to drive could

require students to respond to decision-making scenarios depicting a variety of traffic situations.

To build student understanding, teachers guide learning in promising directions, employing feedback to help students use their prior knowledge to pose, explore, and solve new problems. Accomplished health educators promote health-related behaviors beyond classroom experiences. Students could be asked to evaluate the validity of the advertising claims of certain products or to investigate the effects of age-group targeting in advertisements. Through role-playing, teachers could review strategies for dealing with bullies and helping their victims. Involving students imaginatively in child-care scenarios might challenge them to confront realistic problems associated with the care and cost of an infant. Teachers could foster students' health awareness at home by monitoring activities that involve families in students' individual health regimens. Teachers encourage students to challenge assumptions, weigh risks, share insights, and persist in their explorations of new material.

Reflections on Standard VI:

Standard VII: Assessment

Accomplished health education teachers are knowledgeable about and are able to select, design, and implement assessment instruments to evaluate student learning and improve teaching.

Teachers view assessment as an integral part of their instruction that benefits both the teacher and the student, not just as a process by which to determine grades. Every student assessment evolves from the goals and directives of the instructional program. Accomplished teachers of health education employ a variety of valid and reliable assessment strategies appropriate to both the curriculum and the learner, and they use assessment results to monitor student learning, assist students in reflecting on their own achievements, shape instruction, and report student progress.

Assessment is a continuous process guiding teachers' decisions. Depending on class needs and instructional requirements, teachers of health education command a wide range of assessment methods and strategies within their teaching repertoires. Teachers identify the essential knowledge and skills to be assessed in relation to health education standards, and they effectively incorporate opportunities for assessing students in daily instruction. They reshape their instructional planning to meet students' needs, set high yet realistic goals for students, and fulfill program objectives. The assessment strategies that health educators develop emphasize organization, inquiry, concept building, and problem solving and therefore allow teachers to enhance higher-order thinking skills and creativity. Students' abilities to apply, analyze, synthesize, and evaluate information and then to communicate an understanding of that information depends on their making connections and recognizing relationships among a range of ideas. Systematic, purposeful assessment on the part of accomplished teachers enhances achievement and facilitates a student's ability to effectively use the knowledge and skills of health literacy.

Familiar with the most current research and information available on assessment strategies, health education teachers understand the advantages and limitations of numerous assessment methods and tools. Teachers match methods to instructional goals and students' abilities, considering the relative strengths and weaknesses of the procedures as well as the timing, focus, and purpose of each evaluation. Teachers design assignments that are fair and free from bias and that give students opportunities to succeed in a variety of tasks that allow learners to demonstrate their ability to apply health knowledge skills. Accomplished health education teachers sometimes employ diagnostic assessments to gauge where students are in the learning process, as indicators to determine what students already know.

Accomplished health education teachers employ formative and summative evaluations that take both formal and informal forms. Formal instruments might include competency tests; informal assessments might be as simple as quick, oral comprehension checks. Teachers select the form of an assessment primarily on the basis of how well it relates to classroom instruction. Thus, assessments indicate when to modify, when to revisit, when to refine, when to move forward, and when to apply learning; this continuing modification improves instruction, enabling teachers to maximize learning for all students.

Accomplished teachers utilize a variety of assessments. They might use portfolios, oral reports, projects, or examinations. They may use authentic assessments that focus on performance within the context of real-life experiences and enable students to show what they know and can do by requiring them to fulfill real-world tasks. Students, for example, might be asked to create a year's household budget for a family of two teens with a child, indicating how to allocate limited resources to serve the health needs of each family member. When appropriate, teachers use student-generated projects for assessment, such as videotapes, demonstrations, and exhibitions. Other assessments might include role-playing, in which students demonstrate specific refusal and conflict-resolution skills when placed in scenarios where they imaginatively confront difficult situations likely to occur in their lives.

In leading students to become self-reliant learners, teachers provide regular opportunities for students to define and reflect on what they have learned. Accomplished health educators identify student learning goals, share these expectations with students, and engage students in self-assessment activities. To make assessment meaningful, teachers often seek student involvement in designing methods of assessment; they might, for example, give students opportunities to select from among a number of assessments and to design personal assessment instruments and rubrics. Teachers understand that developing their students' ability to assess their own progress fosters their growth as independent, reflective learners; enhances their personal assessment of healthy behaviors; and contributes to healthy lifestyle choices.

Teachers may use technology to assess student learning and classroom instruction. For example, through electronic simulations they can evaluate the problem-solving skills of students as well as students' ability to achieve a lesson's goals. Students may use a number of health-risk computerized rating systems that process information about physical traits and eating habits to determine dietary and nutritional guidelines.

Accomplished health education teachers are skilled and efficient at managing assessment. Teachers employ appropriate methods for collecting, summarizing, and reporting assessment data to demonstrate that learning has occurred. Those with access to computer technology understand how that technology can facilitate assessment, record keeping, and the reporting of assessment results. Teachers use assessment results to provide specific information to students, parents,[8] other educators, and school officials about each learner's progress.

8. *Parents* is used in this document to refer to the people who are the primary caregivers and guardians of children.

Reflections on Standard VII:

Standard VIII: Equity, Fairness, and Diversity

Accomplished health education teachers demonstrate equity and fairness and promote respect and appreciation of diversity.

All teachers must dedicate themselves to understanding and meeting the needs of heterogeneous populations as society becomes more culturally diverse, as gender-based stereotypes dissipate, and as the philosophy of inclusion becomes the norm. The manner in which accomplished health educators establish fairness and mutual respect among all learners is planned and purposeful. Teachers address issues of diversity proactively to promote equity and to ensure that their students—regardless of race, nationality, ethnicity, primary spoken language, socioeconomic status, age, religion, physical and mental ability, sexual orientation, or gender—receive equal and fair opportunities to achieve health literacy by participating in, enjoying, and benefiting from instructional activities and resources.

Accomplished teachers of health education know that the attitudes they manifest as they work with students, colleagues, families, and others who support the learning process set powerful examples for young people; therefore, they conscientiously demonstrate the behaviors they expect from their students. Teachers foster a positive classroom climate arising from mutual respect among all learners. They actively and positively challenge students and colleagues who make derogatory comments, express negative stereotypes, or impose inappropriate perspectives on others. Teachers model and promote their expectations that students will treat one another equitably and with dignity. Fairness and respect for individuals are key to their instructional practice; teachers listen carefully, respond thoughtfully, and present a supportive demeanor that encourages students to express themselves.

Accomplished health educators are sensitive to the complexities involved in treating each student equitably. They recognize and address relevant diversity issues affecting instruction, class management, and student participation. They show no difference in the welcoming manner in which they speak to, include, call on, or otherwise engage each of their students in learning situations in the classroom. Teachers make sure that all pupils receive an equitable share of attention and that their assessments of student progress are similarly balanced. They include each student in the learning community as an important individual and active contributor. In grouping students for cooperative assignments, for example, teachers might bring together individuals from varying backgrounds or establish leadership roles to prevent stereotyping and gender bias. Using a wide variety of whole-class, small-group, or individual activities, teachers are committed to engaging all students in learning. Accomplished health education teachers highlight the diversity as well as the commonalities among their learners and build on these as sources of strength and dynamism for the learning community.

Health education teachers value diversity and promote respect for others by modeling appreciation for the richness of cultural and ethnic groups. They also seek opportunities among students and staff to provide forums where experiences can be shared and mutual understandings of similarities and differences can be deepened. For example, to

address issues relevant to prejudice and respect, students could be asked to interview classmates of different ethnicities, cultures, or religions and then make a class presentation highlighting similarities in the students' backgrounds. Teachers are particularly sensitive to and responsive to family and cultural issues that affect students' attitudes toward health learning. They understand that cultural differences sometimes influence students' views of health practices, and teachers respect and value those differences. To celebrate cultural differences in health practices, for example, students can be asked to interview family members about health care regimens specific to their culture or background and then share what they learned with their classmates. (See Standard IX—*Partnerships with Colleagues, Families, and Community.*)

Accomplished health education teachers are aware of issues students may face related to human sexuality, including sexual orientation, and to the varying stages of adolescent growth and development. Teachers establish a climate in their classrooms that promotes an understanding and acceptance of these differences. They take measures to reduce incidents of teasing, bullying, and harassment. This allows students to flourish in a safe and nurturing environment.

Health educators believe solidly in the ability of all students to learn, and they design instruction appropriate to the needs and experiences of all their students. Teachers demonstrate their confidence in the potential of each student by providing the means for each student to develop that potential. They are aware of students whose first language is not English and accommodate their needs accordingly. In making decisions about instructional goals and strategies, teachers take into consideration students' varied learning styles and multiple intelligences, and they understand how to modify curriculum and adjust lessons—including incidental and situation learning—to meet the needs of diverse learners. As appropriate, teachers employ visual, auditory, and kinesthetic approaches in communicating concepts. Accomplished health education teachers understand and comply with state and local policies and legislation, including federal requirements, such as the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA), concerning students with unique challenges and issues relevant to fairness and equity.

In their instructional decisions, teachers address the exceptional needs of special student populations; they plan, adapt, and implement classroom practices and activities that are individually appropriate, while ensuring that each student becomes an important and valued member of the class. Teachers create respectful environments that help students learn about one another and understand that all individuals have unique capacities and limitations. For example, to portray the difficulties faced by classmates with physical challenges, teachers could have students wear glasses with smeared lenses during a class activity. To accommodate students with exceptional needs, teachers seek appropriate help from students' families, specialists, and social agencies, and they advocate for essential support services to promote maximum success. They do so without compromising their commitments to high standards and meaningful classroom experiences for all their students.

Reflections on Standard VIII:

Supporting Student Learning

The last three standards describe other important decisions, actions, activities, and frames of mind that support and contribute to the practice of accomplished health education teachers. These include the ways teachers advocate for and reflect on their own professionalism, as well as the way they work with others, including parents and colleagues, to create intellectually lively and spirited classrooms that support their learning goals.

Standard IX: Partnerships with Colleagues, Families, and Community

Accomplished health education teachers work collaboratively with colleagues, families, and the community to enhance the overall health and learning of their students. They recognize that their responsibility to reinforce consistent, positive health messages extends beyond their own classrooms.

Health education teachers know that healthy students will be better learners and the health of students must be reinforced and supported by the school and the community. Accomplished teachers are advocates for their instructional programs beyond the confines of their classrooms, actively seeking and participating in opportunities to promote enthusiasm among their professional colleagues, with families, and within communities for the acquisition and maintenance of healthy lifestyles.

Collaboration with Colleagues

Health educators aggressively employ their knowledge of school culture to seek opportunities to emphasize the value of health education in the context of the school's academic pursuits. Because healthy children generally are effective learners, teachers affirm that health literacy is a schoolwide concern and that health education should hold a prominent position in the core curriculum. To communicate the value of their field, they design and participate in activities that focus attention on the goals and accomplishments of health education. For example, the health education teacher could make a presentation to colleagues about the relationship of students' eating habits and nutrition to their learning, with the purpose of working collaboratively to effect positive changes in students' nutritional behaviors. As advocates for health education, teachers engender support for their instructional programs both as core courses and as key elements of an integrated curriculum.

Accomplished teachers of health education honor all academic disciplines and show sensitivity to the needs and concerns of teachers in other subject areas. At the same time, they purposefully seek opportunities to integrate health education into all of the school's academic pursuits, clarifying for colleagues the significance of a coordinated school health program. They collaborate in planning and instruction with other teachers

across curricular areas to make connections for health education, and they are a knowledgeable resource. Health educators take advantage of such opportunities as Buckle Up America! Week, American Diabetes Alert, Substance Abuse Month, Kick Ash Day, Depression Awareness Month, World AIDS Day, and other designated observances to incorporate health education information into the other academic areas. Teachers convey to colleagues that the health education curriculum enriches and supports the teaching of other disciplines. Health education provides students with opportunities to discuss, read about, and write about topics of high interest and to employ such processes as calculating, weighing, measuring, charting, and graphing. Accomplished health educators promote the integration of health information into other subjects by coordinating instruction with the total school curriculum and willingly integrating other subject matter into health education; such a collaborative approach sets up a positive environment for academic sharing and exchange. (See Standard V—*Instructional Approaches*.)

Accomplished health education teachers ensure that cross-disciplinary integration supports, rather than replaces, instruction related to the development of health literacy. Curriculum integration is not intended as a substitute for planned, sequential, developmentally appropriate, comprehensive health education programs, but it is a way to supplement and reinforce instruction. Curriculum integration helps health educators promote positive health messages for both students and staff in a school. Students benefit by seeing connections across curriculum areas, and their learning becomes more meaningful and related to real life as they comprehend key relationships among subjects.

Accomplished health educators serve as resources for the educational community. Health education teachers develop a positive image for healthy living and may encourage others by initiating health promotion programs and by working with other members of the staff and community. For example, they might teach CPR to students, staff, and parents or offer an asthma education program to identify ways that teachers might help students manage the condition. They are aware of the major health issues in their community and willingly research and provide information to their colleagues.

In promoting a coordinated school health program, health educators are integral members of their learning communities who contribute purposefully to the professional culture in their schools. They know that effective teachers do not work in isolation; they share the responsibility with their colleagues to improve the instructional and service programs of the school and foster the success and well-being of all students. Teachers establish partnerships with colleagues throughout the school to emphasize their commitment to the establishment of a healthy school climate.

Partnerships with Families

Accomplished health educators understand that active, involved, and informed families create a network that supports vital, effective health education programs. They value and respect the role of families as students' first teachers and as supporters of students' growth and development. Teachers enlist the aid of families as partners in the health education of their children, using a variety of communications and family-involvement activities, such as wellness fairs, open houses, parent nights, newsletters, demonstrations, presentations at PTA meetings, telephone calls, individual progress reports, Web sites, e-mail, and the organization of wellness clubs. In a public relations capacity as proactive spokespeople for the benefits of healthy lifestyles, accomplished health educators encourage active family participation in

fostering health literacy and give parents opportunities to help determine future directions for improved instruction.

Knowing that the choice and opportunity to practice health skills and health-enhancing behaviors in students' lives outside of school are influenced by factors beyond a teacher's control, health education teachers familiarize themselves, as appropriate and necessary, with the family situations of their students. Teachers recognize that families have experiences and insights that, once tapped, can enrich the quality of education for students. Involvement with families offers teachers opportunities to gain insights into parents' expectations and aspirations for their children. Teachers elicit parents' ideas about their children's interests and ways to motivate them. Teachers, in their quest to promote the benefits of health literacy, communicate with parents about their children's accomplishments, successes, and needs for improvement. Teachers treat families with sensitivity, respect, and understanding, and they respond thoughtfully and thoroughly to parents' concerns. Teachers actively seek to learn about the cultures of which their students are a part, respecting cultural values and recognizing that cultural differences may have an impact on instruction. Accomplished health educators work to find common ground and to achieve mutual understanding and respect in support of best interests of students. Effective partnerships with families enable teachers to instill in students an interest in healthy behaviors that extends beyond the school setting.

Connections to the Community

Accomplished health education teachers work to increase community commitment to health education and to reinforce health messages and accentuate consistent, positive health behaviors. At the same time, teachers recognize and strive to fulfill their obligation to ensure that their community is healthy, safe, and secure—one that makes possible a high quality of life. Teachers might, for example, conduct surveys about home safety, initiate programs to advise the elderly of the importance of flu inoculations, become involved in efforts to combat pollution, or sponsor community service projects to remove dangerous debris from local playing fields.

An important responsibility of teachers is to help the community at large to understand the role and characteristics of quality health education. Consequently, health educators reach out to the broader community, working to help the community become involved in the health education program of the school and to ensure that the school health education program represents the needs, interests, and ideas of the community. A teacher working with a local hospital or clinic might sponsor a student-led wellness program open to the community that offers health screening or focuses on issues such as poor nutrition, hypertension, or teen pregnancy. Teachers know how to collaborate with entities like school boards, city councils, local health departments, and other local, state, and national voluntary health agencies and organizations that can be partners in furthering the health literacy and wellness of the community. Further, teachers are familiar with such resources as the Centers for Disease Control and Prevention (CDC) and the National Health Information Center (NHIC) of the U.S. Office of Disease Prevention and Health Promotion (ODPHP). Teachers familiarize students with community resources to which they might turn for help with health-related issues, and they assist students in evaluating the reliability of such resources. (See Standard X—*Advocacy for the Profession.*)

Reflections on Standard IX:

Standard X: Advocacy for the Profession

Accomplished health education teachers promote the importance of health education and encourage others to do the same.

Accomplished teachers of health education consistently and conscientiously advocate for policies, programs, and positions that are intended to enhance personal, family, and community health. They actively create, implement, seek, and participate in opportunities to promote health education. They advocate for school policies and monitor local issues beneficial to health concerns, and they collaborate to develop linkages within the school and community that spark interest in healthy behaviors. Because early study contributes in measurable ways to the later application of health knowledge and skills, teachers help students and their parents, as well as professional colleagues and the community at large, appreciate both the immediate and long-term applications of health learning. They advocate for school policies to create a climate that promotes health and affirms that health skills cross all disciplines and all areas of life. In adopting a health-enhancing stance, health educators are themselves role models who exemplify in positive ways that health education is a source of gratification and well-being—an endeavor that is intrinsically rewarding. (See Standard XI—*Reflective Practice and Professional Growth.*)

As advocates for effective instruction in health literacy for all students, teachers strive to broaden the knowledge base of those who teach and learn about healthy behaviors, making clear to professional colleagues the importance of health education as a central part of the academic curriculum. Health educators advocate for health education being taught, assessed, and reported on a level comparable to other academic areas. They take appropriate actions to recommend to school administrators or local and state authorities that professionally prepared individuals teach health education courses. They foster constructive relationships with local governing boards, state- and national-level policymakers, and institutions of higher education.

Health educators recognize and try to eliminate general misconceptions about the teaching and learning of health, and they work to make sure that the public understands that health education involves much more than basic knowledge. Teachers, for example, communicate to the public realistic expectations of the time required for effective learning. Many teachers face the challenge of few contact hours with students; they therefore try to overcome the discrepancy between the amount of time typically spent in schools on health education and the actual time required to deliver effective instruction. Recognizing the enormity of health challenges that young people regularly confront and the negative impacts on society of unhealthy behaviors, accomplished teachers communicate in every possible way the necessity of providing adequate health instruction. Through reference to research-based studies, they confirm that health education promotes intellectual growth and healthy attitudes and behaviors; therefore, it contributes positively to the attainment of all academic goals.[9]

Accomplished teachers are aware of and work to meet community health needs. They might plan and direct student activities in the

9. See, for example, Connell, D.B., R.R. Turner, and E.F. Mason, "Summary of Findings of the School Health Education Evaluation: Health Promotion Effectiveness, Implementation and Cost." *Journal of School Health* 55, no. 8 (1985), and Errecart, M.T. et al., "Effectiveness of Teenage Health Teaching Modules." *Journal of School Health* 61, no. 1 (1991): 26-30.

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local community, such as health fairs, that address community needs. They might make presentations on health-related issues and topics to local civic groups, businesses, or government organizations. (See Standard IX—*Partnerships with Colleagues, Families, and Community*.)

Health education teachers also draw attention to career options available for those who are skilled in health-related areas, emphasizing that familiarity with health skills supports career advancement and enhances employment opportunities. Teachers might, for example, help coordinate "health academies" that identify students interested in health careers, provide special instruction for them, and then locate service learning opportunities for the students with community agencies. As often as possible, accomplished health educators provide students with information on careers that interrelate with the health subjects being studied.

To make their advocacy efforts most effective, accomplished teachers understand the historical events and prevailing attitudes related to health education that have shaped and continue to influence the field today. This historical perspective on the part of teachers, in addition to their knowledge of contemporary issues, legislation, and current policies affecting health education, is crucial to the development and implementation of quality, sequential programs.

Reflections on Standard X:

Standard XI: Reflective Practice and Professional Growth

Accomplished health education teachers stay current in research and innovations in health education and actively contribute to the profession. They participate in reflective practices that foster creativity, stimulate personal growth, and enhance professionalism.

Accomplished health education teachers participate in a wide range of reflective practices. Effective reflection reinforces a teacher's creativity, stimulates personal growth, contributes to content knowledge and classroom skill, and enhances professionalism. Teachers who set the highest standards for themselves as they reflect on their practice cultivate the attribute of refined professional judgment and contribute positively to their profession in ways that have benefits beyond the individual classroom.

For health educators, every classroom experience is an opportunity for reflection and improvement. Teachers know that the demands of their profession change over time, and indeed can change with each class and each student. They view each class session as another opportunity to improve the quality of their teaching, the conduct of their classroom, and the enhancement of their professional vision. Teachers constantly reevaluate and rethink instructional choices, analyzing the relationship between their practice and student learning. Always open to innovation, they examine their students' needs in relation to the lesson at hand and to long-term objectives. By developing the habit of introspection, accomplished teachers challenge themselves, take responsibility for their own professional growth and development, and reinvigorate their practice. Students benefit from teachers whose self-reflections lead them to evaluate curriculum decisions and teaching strategies, and the health education profession as a whole benefits from the contributions of reflective practitioners.

Health education teachers are models of lifelong learners who continually work to increase the depth and breadth of their knowledge of subject matter, their students, and current practices in health education. Teachers recognize that health education is a continuously evolving field; they therefore avail themselves of the most current, credible research, and they are conversant in professional literature. Accomplished health educators might conduct research or use peer evaluation techniques to improve teaching effectiveness. They pursue and explore topics in which they have limited knowledge and expertise. They stay abreast of relevant technological advancements and are familiar with how technology assists in research, instructional planning, record keeping, assessment, and a variety of other tasks. Such professional study strengthens professionalism and enables teachers to articulate rationales for their actions and decisions.

In their quest for self-renewal, teachers of health education interact effectively with other professionals. They avail themselves of professional resources and participate in advanced educational programs. They attend seminars, conferences, and workshops; they propose, design, and carry out

staff development opportunities in health education; they are active members of professional organizations and assert themselves as advocates for their practice; and they might contribute to professional journals. Accomplished health educators become involved in local, state, and national conferences relevant to the profession and serve on education policy committees or councils. They collaborate with colleagues to examine their practice critically, and they seek help from colleagues to continue to develop as both teachers and learners. They serve as mentors to novice teachers, engage in peer coaching, welcome observation from their colleagues to assist in self-evaluation, or observe other effective teachers. Teachers engage colleagues in discussions about professional issues. They participate, when possible, in professional electronic forums and share experiences with colleagues, thereby furthering the knowledge base in health education and contributing to the professional network. They advocate collegiality, teamwork, and cooperative teaching across disciplines.

Health educators set and actively pursue goals in their own lives that exemplify the best attributes they wish to impart to their students and that focus on lifestyle behaviors that bring about health and wellness. Teachers understand that the attitudes and behaviors they display speak loudly about the value of making the right choices for healthy living and can positively influence students to maintain healthy lifestyles. Therefore, teachers demonstrate their commitment to health and wellness by demonstrating within their own behavior the benefits of a healthy lifestyle; by involving themselves in activities that contribute to their personal health and the health and well-being of the communities in which they teach and live; by discussing their individual health regimens with students; and by sharing with students how healthy behaviors can be included in daily routines. The accomplished health educator provides an example for students, families, other staff members, and the community of how to combine daily responsibilities with a healthy lifestyle. Such role modeling adds dignity and credibility to the profession.

Reflections on Standard XI:

Epilogue

The 11 standards in this document represent a professional consensus on the characteristics of accomplished practice and provide a profile of the accomplished health education teacher. Although the standards are challenging, they are upheld every day by teachers like the ones described in these pages, who inspire and instruct the nation's youth and lead their profession. By publishing this document and offering National Board Certification to health educators, NBPTS aims to affirm the practice of the many teachers who meet these standards and challenge others to strive to meet them. Moreover, NBPTS hopes to bring increased attention to the professionalism and expertise of accomplished health educators and, in so doing, pave the way for greater professional respect and opportunity for these essential members of the teaching community.

In addition to being a stimulus for self-reflection on the part of teachers at all levels of performance, *Health Education Standards* is intended to be a catalyst for discussion among administrators, staff developers, and others in the education community about accomplished practice in this field. If these standards can advance the conversation about accomplished teaching, they will provide an important step toward the NBPTS goal of improving student learning in our nation's schools.

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The National Board is deeply grateful to all those who contributed their time, wisdom, and professional vision to *Health Education Standards*. Any thank you must begin with the Health Education Standards Committee, an energetic and committed group of educators convened by NBPTS who led the effort to articulate and develop standards for this field. In the course of constructing the standards, the committee exhibited the creativity, collegiality, and dedication to student learning that are the hallmarks of accomplished health education teachers. The uniqueness of the health education field was evident in the contributions of these extraordinary health educators. Special thanks go to Chair Ric Loya, whose leadership and passionate commitment to the field guided the committee to consensus on key issues. Kathy Wilbur brought a deep and current knowledge of health education and attention to detail to her position as vice chair. This substantial endeavor was further supported by Alan Cohen, who proved to be an able and talented facilitator.

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Katherine S. Woodward
Director, Certification Standards
2002

The core propositions of the National Board for Professional Teaching Standards

1. Teachers are committed to students and their learning.
2. Teachers know the subjects they teach and how to teach those subjects to students.
3. Teachers are responsible for managing and monitoring student learning.
4. Teachers think systematically about their practice and learn from experience.
5. Teachers are members of learning communities.

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